

03-09-01

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Approved for use through 10/31/2002, OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 55] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed Sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24] 5. Oath or Declaration [Total Pages 5]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input checked="" type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <small>Information Disclosure Statement (IDS)/PTO-1449</small> <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 <small>(b)(2)(B)(i)). Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of prior application No.: _____ Group Art Unit: _____			
Prior application information: Examiner: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		026304 <small>or</small> <input type="checkbox"/> Correspondence address below	
Name: _____			
Address: _____			
City: _____		State: _____	
Country: _____		Telephone: _____	
Name (Print/Type): Samson Helfgott		Registration No. (Attorney/Agent): 23,072	
Signature:		Date: 3/08/01	

Burden Hour Statement: This form is estimated to take 0.2 hour to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	T. TAKABA
Examiner Name	
Group Art Unit	
Attorney Docket No.	FUJS 18,380

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number **08-1634**

Deposit Account Name **Helfgott & Karas, P.C.**

- Charge Any Additional Fee Required
 Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
 See 37 CFR 1.27
- Payment Enclosed:
 Check Credit card Money Order Other

FEES CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Paid
101	710	201	355	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims	8.00	-20** = [] X \$18.00 = [] 0
Independent Claims	1.00	- 3** = [] X \$80.00 = [] 0
Multiple Dependent		

Large Entity	Small Entity	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Paid
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	* Release independent claims over original patent
110	18	210	9	** Release claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*or number previously paid, if greater; For Reissues, see above

FEES CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,920	147	2,520	For filing a request for ex parte reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	350	216	195	Extension for reply within second month
117	890	217	445	Extension for reply within third month
118	1,390	218	695	Extension for reply within fourth month
128	1,890	228	945	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,150	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,240	241	620	Petition to revive - unintentional
142	1,240	242	620	Utility issue fee (or reissue)
143	44	243	220	Design issue fee
144	600	244	300	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(d)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))
179	710	279	355	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) _____				

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)

SUBMITTED BY

Name (Print/Type)	Samson Helfgott	Registration No. (Attorney/Agent)	23,072	Telephone	212-643-5000
Signature	Date 3/08/01				

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